

# MISSOURI GAMING COMMISSION



## PERSONAL DISCLOSURE FORM 2

***You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application and/or criminal charges being filed against you. Any statement that is not true or not disclosed which becomes known at any later date is cause for revocation of your occupational license.***

*Note that the Commission notwithstanding the provisions of section 610.110 RSMo., has access to both closed and open records pursuant to section 313.004 RSMo. Please answer all the questions fully and thoroughly.*

## **APPLICATION INSTRUCTIONS**

**THIS FORM MUST BE SUBMITTED BY APPLICANTS SEEKING A LEVEL II OCCUPATIONAL LICENSE.**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

### **I. COMPLETING THIS FORM:**

- a. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application and/or criminal charges being filed against you. Any statement that is not true or not disclosed which becomes known at any later date is cause for revocation of your occupational license. Notwithstanding the provisions under 610.110 RSMo, the Commission has access to both open and closed records as provided under 313.004 RSMo. Please be thorough and complete in response to these questions.

**Prohibited acts, penalties--commission to refer violations to attorney general and prosecuting attorney--venue for actions.**

313.830.4. A person commits a class D felony and, in addition, shall be barred for life from excursion gambling boats under the jurisdiction of the commission, if the person:

- (15) Knowingly makes a false statement of any material fact to the commission, its agents or employees.
- b. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question could result in the rejection of your application.
  - c. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If your application is not legible, it will not be accepted.
  - d. You must personally initial and date in the space provided on the bottom of each page of the form.
  - e. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering. The blank page on page 20 may be used to provide this additional information. You must personally initial and date your application at the bottom of each of these attachment pages.
  - f. If you make any modification to the pre-printed questions or information contained in this form, your application will be rejected. Once your application is accepted, it becomes the property of the Missouri Gaming Commission and will not be returned.

### **IMPORTANT NOTICES**

Persons submitting this form are required to be fingerprinted. You will be informed as to where you will be fingerprinted when you file this form. This form will not be processed until fingerprints are provided.

You may be required to provide additional information or submit additional forms.

You must immediately notify the Missouri Gaming Commission of any changes in the information submitted in this form and related materials.

Initials \_\_\_\_\_ Date \_\_\_\_\_

**II. BE SURE TO:**

- a. Attach a recent (within the past six months) color photograph of yourself in the space provided on page 5.
- b. Sign the Verification form on page 21 in the presence of a notary public, justice of the peace, commissioner for declarations or other person legally authorized to notarize your signature.
- c. Check to ensure that you have placed your initials and the date on the bottom of each page of this form in the space provided and on any attachment pages.

**III. BEFORE YOU SUBMIT THIS FORM TO THE MISSOURI GAMING COMMISSION, BE SURE THAT:**

- a. You have reviewed the Missouri Gaming Commission's filing instructions for the type of license, approval or qualification that you are seeking.
- b. You have included all required attachments listed in this form.
- c. The Verification form is notarized on the original application.
- d. Every question has been answered completely.
- e. You retain a completed copy of your application packet for your own records.

**IV. TIPS FOR COMPLETING THIS FORM:**

- a. Keep a blank copy of the form. When you need to update information, you can use the appropriate pages from the blank form to provide the information.
- b. Keep an unsigned copy of your completed application. Should you need to file with another jurisdiction at some point in the future, you can then update the information rather than complete the form all over again.
- c. Be sure to sign, initial, date and identify the gaming agency where you are filing your application. Using dark ink will make it clear that your application is to be considered an original and not a photocopy.

Initials \_\_\_\_\_ Date \_\_\_\_\_



STATE OF MISSOURI  
MISSOURI GAMING COMMISSION  
**LICENSEE ENTRY DATA**

APPLICATION NO.	GAMING LICENSE NO.	SOCIAL SECURITY NO.	DATE OF BIRTH
<b>BOAT ID</b>			
<input type="checkbox"/> <b>AD</b> Admiral <input type="checkbox"/> <b>AK</b> Ameristar KC <input type="checkbox"/> <b>AR</b> Argosy <input type="checkbox"/> <b>AS</b> Ameristar SC <input type="checkbox"/> <b>AZ</b> Aztar <input type="checkbox"/> <b>IB</b> Boonville <input type="checkbox"/> <b>HA</b> Harrah's NKC <input type="checkbox"/> <b>IK</b> Isle of Capri KC <input type="checkbox"/> <b>MH</b> Harrah's MH <input type="checkbox"/> <b>MT</b> Mark Twain <input type="checkbox"/> <b>SJ</b> Riverboat Partners			
<b>LICENSE TYPE</b>			
For these license types applicant must be 21 or older ..... <input type="checkbox"/> <b>KP</b> Key Person <input type="checkbox"/> <b>L1</b> Level 1 <input type="checkbox"/> <b>L2</b> Level 2 An applicant 18 or over but under 21 is eligible only for a <b>RESTRICTED</b> license ... <input type="checkbox"/> <b>RKP</b> Key Person <input type="checkbox"/> <b>R1</b> Level 1 <input type="checkbox"/> <b>R2</b> Level 2			
<b>NAME(S)</b>			
LAST NAME		FIRST NAME	
		MIDDLE NAME	
SELECT NAME SUFFIX, IF APPLICABLE			
<input type="checkbox"/> <b>JR</b> <input type="checkbox"/> <b>SR</b> <input type="checkbox"/> <b>II</b> <input type="checkbox"/> <b>III</b> <input type="checkbox"/> <b>IV</b> <input type="checkbox"/> <b>V</b>			
OTHER NAMES USED E.G., MAIDEN NAME, ALL PREVIOUS MARRIED NAMES, ALIASES, AKA (ALSO KNOWN AS)			
<b>ADDRESS</b>			
APARTMENT COMPLEX, BUILDING, ETC.			
STREET ADDRESS, SUITE NO., ETC.			
PO BOX			
CITY		STATE	ZIP CODE
			TELEPHONE (     )
PLACE OF BIRTH		COUNTRY OF CITIZENSHIP	GENDER
			<input type="checkbox"/> <b>F (FEMALE)</b> <input type="checkbox"/> <b>M (MALE)</b>
SEE PAGE 3 OF 3 FOR THE APPROPRIATE COUNTRY CODE			
<b>ETHNIC ORIGIN</b>			
<input type="checkbox"/> African <input type="checkbox"/> African-American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> East Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____			
HEIGHT		WEIGHT	
FEET	INCHES	POUNDS	
<b>HAIR</b>			
<input type="checkbox"/> Auburn <input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Salt/Pepper <input type="checkbox"/> Sandy <input type="checkbox"/> Strawberry <input type="checkbox"/> White <input type="checkbox"/> Other _____			
<b>EYES</b>			
<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Other _____			
<b>OCCUPATION CLASSIFICATION (TO BE COMPLETED BY THE CASINO HUMAN RESOURCES DEPARTMENT)</b>			
<input type="checkbox"/> <b>BLU</b> Solid Blue (non-gaming) <input type="checkbox"/> <b>DIA</b> Red Diagonal Stripes (gaming) <input type="checkbox"/> <b>GRE</b> Solid Green (surveillance) <input type="checkbox"/> <b>HOR</b> Red Horizontal Stripes (other non-gaming) <input type="checkbox"/> <b>RED</b> Solid Red (security and guest safety) <input type="checkbox"/> <b>WHI</b> Solid White (non-casino)			
WORK DEPARTMENT (TO BE COMPLETED BY THE CASINO HUMAN RESOURCES DEPARTMENT) (SEE PAGE 3 OF 3 FOR THE APPROPRIATE WORK DEPARTMENT CODE)			
JOB TITLE (TO BE COMPLETED BY THE CASINO HUMAN RESOURCES DEPARTMENT)			

MO 858-0021 (10-01)

CONFIDENTIAL MISSOURI GAMING COMMISSION USE ONLY

Initials \_\_\_\_\_ Date \_\_\_\_\_

CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
AA	Albania	EL	El Salvador	LC	Millie Lacs	PR	Puerto Rico	VT	Vermont
AB	Alberta	EM	East Germany	LD	Moldova	PS	Saint Pierre and Miquelon	VV	Saint Vincent and the Grenadines
AD	Andorra	EN	England	LE	Lesotho	PT	Portugal	VY	Vatican City
AE	Anguilla	EO	Ethiopia	LF	Slovakia	PU	Peru	VZ	Venezuela
AF	Afghanistan	ER	Europa Island	LH	Lithuania	PV	Paraguay	WA	Washington
AG	Aguscalientes	ES	Estonia	LI	Liechtenstein	QA	Qatar	WE	White Earth
AI	Antiqua and Barbuda	ET	Eretria	LL	Leech Lake Band of Chippewa	QR	Quintana Roo	WF	Wallis and Futuna
AJ	Aruba (Now Independent)	EU	Ecuador	LN	Lebanon	QU	Queretaro	WG	West Germany (Includes West Berlin)
AK	Alaska	EY	Egypt	LO	Slovenia	RA	Russia	WI	Wisconsin
AL	Alabama	EZ	Czech Republic	LP	Lac Du Flabeau-Band of Lake Superior	RB	Republic of Congo, Brazzaville	WK	Wake Island
AM	American Samoa (Islands)	FA	Falkland Island	LS	Loas	RC	Peoples Republic of China	WL	Wales
AN	Algeria	FC	Fond Du Lac	LT	Latvia	RE	Reunion	WN	West Indies
AO	Angola	FD	Finland	LU	Saint Lucia	RF	Russian Federation	WS	Western Samoa
AP	Armenia	FG	French Guiana	LX	Luxembourg	RG	Gibraltar	WV	West Virginia
AQ	Azores Islands	FJ	Fiji	LY	Libya	RH	Rhodesia	WY	Wyoming
AR	Arkansas	FL	Florida	MA	Massachusetts	RI	Rhode Island	YE	Yemen Arab Republic (Capital/Sana)
AS	Australia	FN	France	MB	Manitoba	RL	Red Lake Indian Agency	YG	Yugoslavia
AT	Argentina	FO	Faroe Islands	MC	Michoacan	RR	Montserrat	YO	Mayotte, Territorial Collect
AU	Austria	FP	French Polynesia	MD	Maryland	RS	Western Sahara (Formerly Spanish)	YT	Yukon (Territory)
AV	Azerbaijan	FR	French Southern & Antarctic Islands	ME	Maine	RU	Romania/Rumania	YU	Yucatan
AW	Saint Kitts-Nevis-Anguilla (Ref)	FX	Sac & Fox	MF	Malawi	RV	Socialist Repulic of Vietnam	YY	Other Foreign Country
AZ	Arizona	GA	Georgia	MG	Mongolia	RW	Rwanda	ZA	Zacatecas
BA	Baja California (Northern Section)	GB	Gabon	MH	Marshall Islands	RY	Republic of Yemen	ZB	Martinique
BB	Barbados	GC	Greece	MI	Michigan	SA	Sierra Leone	ZC	Surinam
BC	British Columbia	GD	Georgia	MJ	Monaco	SB	Saudia Arabia	ZD	Macedonia
BD	Bahamas	GE	Germany	MK	Mariana Islands	SC	South Carolina	ZI	Canary Islands
BE	Bahrain/Bahrein	GF	Guernsey	ML	Mali	SD	South Dakota	ZM	Zambia
BF	Bassas Da India	GG	Ghana	MM	Mexico (When Mexican States Unknown)	SE	Seychelles	ZO	Mozambique
BG	Belgium	GI	Guinea	MN	Minnesota	SF	South Africa	ZR	Zaire (Was Congo Kinshasa)
BH	Belize (Was British Honduras)	GJ	Grenada	MO	Missouri	SG	Senegal		
BI	Burundi	GK	Gambia	MP	Malagasy Republic (Includes Madagascar)	SH	San Marino		
BJ	Baja California Sur (Southern Section)	GL	Gilbert and Ellice Islands	MQ	Morocco	SJ	Sinaloa		
BL	Bangladesh	GM	Guam	MR	Morelos	SJ	Southwest Africa (Namibia)		
BM	Bermuda	GN	Greenland	MS	Mississippi	SL	San Luis Potosi		
BN	Bhutan	GO	Glorioso Islands	MT	Montana	SM	Somalia		
BO	British Indian Ocean Territory	GP	Guadeloupe	MU	Mauritania	SN	Saskatchewan		
BP	Bosnia and Hercegovena	GR	Guerrero	MV	Maldives	SO	Sonora		
BQ	Bouvet Island	GS	South Georgia & South Sandwich	MW	Midway Islands	SP	Spain		
BR	Burma	GT	Guatemala	MX	Mexico (State)	SQ	Sweden		
BS	Solomon Island (Formerly British)	GU	Guanajuato	MY	Malta	SR	Singapore		
BT	Botswana	GY	Guyana	MZ	Malaysia	SS	Scotland		
BU	Bulgaria	HD	Honduras	NA	Nayarit	ST	Southern Yemen		
BV	Bolivia	HI	Hawaii	NB	Nebraska	SU	Sudan		
BW	Balearic Islands	HK	Hong Kong	NC	North Carolina	SV	Svalbard		
BX	Brunei	HL	Hidalgo	ND	North Dakota	SW	Swaziland		
BY	Byelarus	HN	Vanuatu (Formerly New Hebrides)	NE	Netherlands (Holland)	SX	Soviet Union (USSR)(Refer Only)		
BZ	Brazil	HS	Saint Helena	NF	Newfoundland (Includes Labrador)	SY	Syria		
CA	California	HT	Haiti	NG	Nigeria	SZ	Switzerland		
CB	Columbia	HU	Hungary	NH	New Hampshire	TA	Tamaulipas		
CC	Cuba	IA	Iowa	NI	Northern Ireland	TB	Tabasco		
CD	Canada	IB	Man, Isle	NJ	New Jersey	TC	United Arab Emirates		
CE	Campeche	IC	Iceland	NK	New Brunswick	TE	Spratty Islands, Tongareva Island		
CF	Chad	ID	Idaho	NL	Nuevo Leon	TF	Tuamotu Archipelago		
CG	Caroline Islands	IE	Ireland	NM	New Mexico	TG	Tonga		
CH	Chihuahua	II	India	NN	Niger	TH	Thailand		
CI	Chiapas	IL	Illinois	NO	Papua New Guinea (Was New Guinea)	TI	Timor, Portuguese		
CJ	Cambodia (Khmer Republic)	IM	Madeira Islands	NP	Nepal	TJ	Tajikistan		
CK	Czechoslovakia	IN	Indiana	NQ	New Caledonia	TK	Tokelau		
CL	Colima	IO	Indonesia	NR	Nauru	TL	Tlaxcala		
CM	Cameroon	IQ	Iraq	NS	Nova Scotia	TM	Tromelin Island		
CN	China	IR	Iran	NT	Northwest Territories	TN	Tennessee		
CO	Colorado	IS	Israel	NU	Nicaragua	TO	Togo		
CP	Cayman Islands	IT	Italy	NV	Nevada	TP	Sao Tome and Principe		
CQ	Chile	IU	Niue	NW	Norway	TQ	Tongareva		
CR	Costa Rica	IX	Menominee Indian Nation	NY	Netherlands Antilles	TR	Turks and Calcos Islands		
CS	Cyprus	IY	Cote D'Ivoire Republic	NX	New York	TS	St. Christopher (Kitts) and Nevis		
CT	Connecticut	JA	Japan	NZ	New Zealand	TT	Trinidad and Tobago		
CU	Coahuila	JE	Jersey	OA	Oaxaca	TU	Tunisia		
CV	Cape Verde Islands	JJ	Johnston Islands	OC	Macau (Formerly Macao)	TB	Tuvalu		
CW	Central African Republic	JL	Jalisco	OF	Norfolk Island	TW	Taiwan, Republic of China		
CY	Sri Lanka (Was Ceylon)	JM	Jamaica	OH	Ohio	TX	Texas		
CZ	Canal Zone	JN	Jan Mayen	OI	Okinawa	TY	Turkey		
DB	Clipperton Island	NO	Jordan	OK	Oklahoma	TZ	Tanzania, United Republic of		
DC	District of Columbia	JU	Juan De Nova Island	OM	Oman	UG	Uganda		
DD	Cocos (Keeling) Islands	KB	Kiribati	ON	Ontario	UK	Ukraine		
DE	Delaware	KC	Croatia	OR	Oregon	UM	Mauritius		
DF	Distrito Federal	KE	Kenya	OS	Ogala Sioux	UR	Turkmenistan		
DG	Comoros	KH	Manahiki Island	OT	Onida Tribe of Indian of Wisconsin	US	USA (US Government/US Military)		
DH	Berlin	KN	North Korea	PA	Pennsylvania	UT	Utah		
DI	Cook Islands	KO	South Korea	PB	Puebla	UV	Burkina Faso (Formerly Upper Volta)		
DJ	Coral Sea Islands	KP	Shakopee	PC	Pitcairn, Henderson, Ducia, Oero Island	UY	Uruguay		
DK	Denmark	KS	Kansas	PD	Palau, Republic	UZ	Uzbekistan		
DM	Dominica	KT	Kazakhstan	PE	Prince Edward Island	VA	Virginia		
DN	Djibouti	KU	Kuwait	PG	Guinea-Bissau (Portugese Guinea)	VB	British Virgin Islands		
DO	Durango	KW	Kiowa	PI	Philippines	VC	Veracruz		
DR	Dominican Republic	KY	Kentucky	PK	Pakistan	VI	US Virgin Islands		
DU	Ducie Islands	KZ	Kyrgyzstan	PM	Panama	VM	Vietnam (Reference Only)		
EE	Absentee Shawnee	LA	Louisiana	PO	Poland	VN	North Vietnam		
EK	Equatorial Guinea	LB	Liberia	PQ	Quebec	VS	South Vietnam		

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Initials \_\_\_\_\_ Date \_\_\_\_\_

1.	DO YOU HOLD OR HAVE YOU EVER HELD A GAMING LICENSE IN THE STATE OF MISSOURI?		
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
2.	IS YOUR LICENSE ACTIVE OR HAS IT EXPIRED?		
<input type="checkbox"/>	ACTIVE	<input type="checkbox"/>	EXPIRED
3.	WHAT IS YOUR MISSOURI GAMING LICENSE NUMBER?		
4.	IN THE LAST 30 DAYS, HAVE YOU APPLIED FOR A LICENSE AT ANOTHER BOAT IN MISSOURI?		
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
5.	IF THE ANSWER TO NUMBER 4 ABOVE WAS YES, WHERE DID YOU APPLY?		
6.	ARE YOU CURRENTLY EMPLOYED BY A CASINO IN MISSOURI?		
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
7.	IF THE ANSWER TO NUMBER 6 ABOVE IS YES, AT WHICH CASINO ARE YOU EMPLOYED?		
8.	IF THE ANSWER TO NUMBER 6 IS NO, WHAT WAS YOUR TERMINATION DATE?		

## **IMPORTANT**

**FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPLETELY AND TRUTHFULLY WILL RESULT IN DENIAL OF YOUR APPLICATION AND/OR CRIMINAL CHARGES BEING FILED AGAINST YOU. ANY STATEMENT THAT IS NOT TRUE OR NOT DISCLOSED WHICH BECOMES KNOWN AT ANY LATER DATE IS CAUSE FOR REVOCATION OF YOUR OCCUPATIONAL GAMING LICENSE.**

**AFFIX A COLOR PHOTOGRAPH  
HERE THAT WAS TAKEN WITHIN  
THE PAST SIX MONTHS.**

**PRINT YOUR NAME ON THE FRONT  
BOTTOM BORDER OF THE  
PHOTOGRAPH BEFORE  
ATTACHING IT.**

Initials \_\_\_\_\_ Date \_\_\_\_\_

1. Of what country are you a citizen? \_\_\_\_\_

A. Please indicate:

1. Date of birth: \_\_\_\_\_  
DAY MONTH YEAR

2. Place of birth: \_\_\_\_\_  
CITY/TOWN STATE/PROVINCE COUNTRY

3. Country of birth: \_\_\_\_\_

B. Attach a copy of:

1. Birth Certificate. If not available, provide proof that you have applied for a duplicate birth certificate.
2. Social Security Number. If not available, provide proof that you have applied for a duplicate Social Security Number Card.
3. Drivers License or other photo ID.
4. Alien registration card, or any other documents issued by the INS.
5. Work authorization document is mandatory.

C. **The original documents are required at time of interview.**

Initials \_\_\_\_\_

Date \_\_\_\_\_



2. Have you ever been issued a passport?

Yes ☐

No ☐

If yes, provide the following information about your passport(s):

PASSPORT NUMBER	COUNTRY OF ISSUE	PLACE ISSUED	DATE ISSUED	EXPIRATION DATE

3. If you are not a citizen of the United States:

(a) List the port of entry into the United States: \_\_\_\_\_

(b) Name and address of sponsor upon arrival: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. If you are a naturalized citizen, provide the following information:

(a) Petition Number: \_\_\_\_\_

(b) Date Citizenship Granted: \_\_\_\_\_

(c) Court: \_\_\_\_\_

(d) City/State of Court: \_\_\_\_\_

(e) Certificate Number: \_\_\_\_\_

Initials \_\_\_\_\_

Date \_\_\_\_\_

**RESIDENCE DATA**

5. Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) during the past three (3) years or since the age of 18, whichever is less.

DATES		ADDRESS <small>(NO., STREET, APT#/FLAT#, CITY/TOWN, COUNTY/PARISH, STATE/PROVINCE, COUNTRY &amp; ZIP/POSTAL CODE)</small>	OWN OR RENT
FROM: <small>(MO/YR)</small>	TO: <small>(MO/YR)</small>		

Initials\_\_\_\_\_ Date\_\_\_\_\_

**FAMILY/SOCIAL DATA**

6. What is your current marital status:    Single ☐    Married ☐    Legally Separated ☐    Divorced ☐    Widow/Widower ☐

**A. CURRENT MARRIAGE**

Provide the information below regarding your current marriage and spouse:

Date of Marriage: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Spouse's Place of Employment: \_\_\_\_\_  
FIRST MIDDLE MAIDEN

Spouse's Date of Birth: \_\_\_\_\_  
DAY MONTH YEAR

Home Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
STREET CITY/TOWN COUNTY/PARISH STATE/PROVINCE ZIP/POSTAL CODE AREA CODE NUMBER

Spouse's Social Security Number: \_\_\_\_\_

**B. PREVIOUS MARRIAGES**

Provide the information below regarding your previous marriages:  
 (Do **NOT** include current spouse.)

NAME OF FORMER SPOUSE(S) (INCLUDE MAIDEN NAME, IF APPLICABLE)	DATE OF BIRTH	IF ANNULLED, SEPARATED OR DIVORCED, INDICATE DATE AND JURISDICTION WHERE SUCH ACTION WAS TAKEN

Initials \_\_\_\_\_ Date \_\_\_\_\_

### MILITARY SERVICE DATA

7. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country?

Yes ☐ No ☐

If yes, provide the following information:

Country of Service: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Service Serial #: \_\_\_\_\_

Highest Rank Held: \_\_\_\_\_

Period(s) of Active Service: From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

8. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s):

Date of each discharge/separation: \_\_\_\_\_

Type of discharge(s): \_\_\_\_\_

Attach a copy of your DD214. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your DD214. If in reserves, please attach a copy of your discharge papers.

9. Have you ever been tried by military court martial or have you had charges\*\* filed against you?

Yes ☐ No ☐

If yes, complete the following chart:

NATURE OF CHARGE OR ARREST	DATE AND LOCATION OF CHARGE OR ARREST	NAME OF MILITARY ORGANIZATION FILING CHARGES	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PLEADING, ETC.)	SENTENCE

\*In the United States, a military record is called a DD214. If you have served in the U.S. military, you **must** provide a copy of this record. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

\*\* Charges filed against you by the military authorities in any country would fall under the Code of Military Justice applicable to that jurisdiction.

In the United States, this means any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)

Initials \_\_\_\_\_ Date \_\_\_\_\_

## OFFICES AND POSITIONS

10. No casino may employ any person, their spouse or dependent child, who is currently an elected or appointed official (including law enforcement officers) of a city or county that has voted to approve riverboat gambling where a casino is located, or who has held such a position within the last two years. Please list all government positions and offices, whether salaried or unsalaried, held by you or your spouse during the last two (2) year period, beginning with the most recent.

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION
FROM: (MO/YR)	TO: (MO/YR)		

Initials \_\_\_\_\_ Date \_\_\_\_\_

### EMPLOYMENT AND LICENSING DATA

11. a. Have you ever made application for, or held, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) or alcoholic beverage operation in any jurisdiction? ***You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the gaming agency for any reason, withdrawn or is currently pending.***

Yes ☐ No ☐

If yes, complete the following chart:

NAME & ADDRESS OF LICENSING AGENCY/ORGANIZATION (INCLUDING COUNTRY, STATE/PROVINCE, COUNTY OR MUNICIPALITY/TOWN)	TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING, ETC.)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER

Initials \_\_\_\_\_ Date \_\_\_\_\_

11. b. For each casino, gaming/gambling related or alcoholic beverage operation application, license, permit, registration, finding of suitability, qualification or other authorization identified in the previous question, were you ever called to appear to testify, or otherwise participate in a hearing or proceeding, before the licensing agency or commission to which you were applying?

Yes ☐ No ☐

If yes, complete the following chart

NAME AND ADDRESS OF LICENSING AGENCY OR COMMISSION	DATE OF APPEARANCE(S)	NATURE OF HEARING	WAS TESTIMONY GIVEN?

Initials \_\_\_\_\_ Date \_\_\_\_\_

12. In the chart below, provide the information regarding your employment for the past five (5) years or from age 18, whichever is less. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service.

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/ COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				

Initials \_\_\_\_\_ Date \_\_\_\_\_



13. a. Are any members of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) associated with or employed in any form or type of casino or gaming/gambling related operation as defined in question 11a in any jurisdiction?

Yes ☐ No ☐

b. Do you or any members of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) have an ownership interest in any alcoholic beverage entity in any jurisdiction?

Yes ☐ No ☐

If yes to either question, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NAME OF GAMING/GAMBLING OR ALCOHOLIC BEVERAGE BUSINESS AND ADDRESS	BUSINESS TELEPHONE

Initials\_\_\_\_\_

Date\_\_\_\_\_

### CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you have committed. Prior to answering this question, carefully review the definitions and instructions which follow.

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" means any indictment, complaint, information, summons, ticket, or other notice of the alleged commission of any "offense."
- C. "Offense" means all felonies, crimes, misdemeanors, municipal ordinance violations, military court-martials, and violations of probation or other court order. An "offense" does not include traffic or parking violations, except for driving while revoked/suspended, alcohol/drug-related traffic violations, and leaving the scene of an accident.

INSTRUCTIONS: 1. Answer "YES" and provide all information to the best of your ability EVEN IF:

- A. You did not commit the offense charged;
- B. The charges were dismissed or subsequently downgraded to a lesser charge;
- C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
- D. You were not convicted;
- E. You did not serve any time in prison or jail;
- F. The charges or offenses happened a long time ago; or
- G. If any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency.
- H. You have a SIS (Suspended Imposition of Sentence) conviction.
- I. Pursuant to 313.004 RSMo, Missouri Gaming Commission has access to both open and closed records. When in doubt about disclosure of closed record, seek legal counsel.

#### **IMPORTANT**

**Missouri Gaming Commission investigators will make inquiries to establish whether the applicant has had any involvement with law enforcement agencies.**

***Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity, and may result in denial of your application and/or criminal charges being filed against you***

Initials \_\_\_\_\_ Date \_\_\_\_\_

14a. Have you ever been arrested, detained, charged, indicted, convicted, pleaded guilty or nolo contendere (no contest), or forfeited bail concerning any crime or offense, in any federal, state, or local jurisdiction, including any findings or pleas in a suspended imposition of sentence?

Yes ☐ No ☐

If yes, complete the following chart:

NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, ETC.)	SENTENCE

14b. Have you ever been arrested or given a ticket for driving while intoxicated or under the influence of alcohol or drugs, driving while license under suspension, or revocation, or leaving scene of an accident?

Yes ☐ No ☐

If yes, complete the following chart:

NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, ETC.)	SENTENCE

Initials \_\_\_\_\_ Date \_\_\_\_\_

14. Has any government agency/organization agreed to dismiss, suspend or defer any criminal investigation or prosecution against you for any criminal offense?

Yes ☐ No ☐

If yes, complete the following chart:

DATE OF DISMISSAL, SUSPENSION OR DEFERRAL	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION GRANTING DISMISSAL, SUSPENSION OR DEFERRAL

15. Have you ever been barred or otherwise excluded (Disassociated Person, (DAP) Voluntary Exclusion), for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check "YES" even if the disbarment or exclusion is no longer in effect or has been lifted.)

Yes ☐ No ☐

If yes, complete the following chart:

GAMING/GAMBLING AGENCY	DATE OF EXCLUSION	REASON FOR EXCLUSION

Initials \_\_\_\_\_ Date \_\_\_\_\_

**FINANCIAL DATA**

16. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten year period?

Yes ☐ No ☐

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

17. a. Do you have any checking account, savings account or safe deposit boxes in your name in any jurisdiction?

Yes ☐ No ☐

b. Do you have access to the funds in any other checking account, savings account or safe deposit boxes in any jurisdiction?

Yes ☐ No ☐

If yes to either question, complete the following chart:

NAME AND ADDRESS OF BANK OR OTHER INSTITUTION/BUSINESS WHERE LOCATED	NAME(S) IN WHICH ACCOUNT(S) OR SAFE DEPOSIT BOX(ES) HELD	TYPE OF ACCOUNT, (SAVINGS, CHECKING, SAFE DEPOSIT, ETC.)	ACCOUNT NO. OR SAFE DEPOSIT BOX NO.

Initials \_\_\_\_\_ Date \_\_\_\_\_

18. As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **You must personally initial your application at the bottom of any new page added.**

**IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS**

**USE ADDITIONAL PAGES IF NECESSARY**

Initials\_\_\_\_\_ Date\_\_\_\_\_

## VERIFICATION

STATE/PROVINCE OF \_\_\_\_\_:

SS:

COUNTY/PARISH/DISTRICT OF \_\_\_\_\_:

\_\_\_\_\_, being duly sworn according to law deposes and says:

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this Missouri Gaming Commission Personal Disclosure Form that is not an original document is a true copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true, complete and accurate to the best of my knowledge. I am aware that if any of the foregoing statements made by me are knowingly false, I am subject to criminal charges.

\_\_\_\_\_  
(Applicant's Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

**(Notarial Seal)**

My commission expires: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_

State of \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

**PUBLIC DISCLOSURE SECTION  
INDIVIDUAL OCCUPATIONAL LICENSE APPLICANTS AND LICENSEES**

Instructions: All applicants for licensure and all licensees are required to fully and completely supply all information concerning the applicant or licensee, his/her/its products, service or gambling enterprises and his/her/its business holdings requested by this form even though much of the information requested may have been previously disclosed in the application. Where the answer may be derived or ascertained from the business records of the applicant or licensee, the applicant or licensee may attach such records as exhibits and reference the exhibits in the corresponding answer. This form will be used by the Missouri Gaming Commission to comply with the provisions of the gaming law requiring public disclosure of this information to any person upon request. Each applicant and licensee has a continuing obligation to update and supplement the information contained in this form. Portions of the form may not apply to each applicant and licensee; however, each applicant and licensee is instructed to complete all sections of the form that apply. **Submit the original and three (3) copies of your responses together with the public disclosure verification as a separate attachment to the Application for the following requests:**

1. State the name, business address and business telephone number of the applicant or licensee.

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2. State the name of the gaming company you are applying for or are employed with.

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3. What position are you applying for or do you hold with this gaming company.

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4. State whether the applicant or licensee has been indicted, convicted, pleaded guilty or nolo contendere, or forfeited bail concerning any criminal offense under the laws of any jurisdiction, either felony or misdemeanor, except for traffic violations. If so, include the date, the name and location of the court, arresting agency and prosecuting agency, the case number, the offense, the disposition and the location and length of incarceration.

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5. State whether the applicant or licensee has had any license or certificate issued by a licensing authority in this state or any jurisdiction denied, restricted, suspended, revoked or not renewed and a statement describing the facts and circumstances concerning the denial, restriction, suspension, revocation or non-renewal, including the licensing authority, the date each action was taken and the reason for each such action.

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6. State whether the applicant or licensee has ever filed or had filed against it a proceeding in a bankruptcy or has ever been involved in any formal process to adjust, defer, suspend or otherwise work out the payment of any debt including the date of filing, the name and location of the court, the case and number of the disposition.

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Initials \_\_\_\_\_ Date \_\_\_\_\_



7. State whether the applicant or licensee has filed, or been served with a complaint or other notice filed with any public body, regarding the delinquency in the payment of, or a dispute over the filings concerning the payment of, any tax required under federal, state or local law, including the amount, type of tax, the taxing agency and the time periods involved.

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8. State whether the applicant or licensee has made, directly or indirectly, any political contribution, or any loans, donations or other payments of one hundred dollars (\$100) or more, to any candidate or office holder, within five (5) years from the date of filing this application form, update or supplement. Specify to whom the payment was made, the amount of the payment and method of payment.

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9. State the name, business address, and business telephone number of the legal counsel, if any, representing the applicant or licensee in matters before the commission.

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10. List the name of any business in which the applicant or licensee, or the applicant's or licensee's spouse or children, have an equity (ownership) interest, including, if applicable, the state of incorporation or registration of the business. (Do not include the names of any mutual funds owned by the licensee).

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11. List the names and titles of all public officials, officers of any unit of government, and relatives of such public officials or officers who, directly or indirectly, are the creditors of or have any interest in any contractual or service relationship with the applicant or licensee.

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Initials\_\_\_\_\_ Date\_\_\_\_\_

# PUBLIC DISCLOSURE VERIFICATION

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn upon oath or affirmation, depose and state—

1. I am the applicant or licensee submitting this Public Disclosure Section;
2. I personally supplied the information contained in this form;
3. I swear (or affirm) that the information contained in this form is true, complete and accurate to the best of my knowledge and belief;
4. I understand and agree that the Public Disclosure Form will be provided to any member of the public who requests this information from the Missouri Gaming Commission. I further understand my continuing obligations to update and supplement this form if any of the information provided changes; and
5. I swear (or affirm) that I have read and agree to abide by the terms of the Riverboat Gaming Act and any rule promulgated by the commission, including any emergency rules and proposed rules.

\_\_\_\_\_  
(Applicant's Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

**(Notarial Seal)**

My commission expires: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_

State of \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

## Title 11 – DEPARTMENT OF PUBLIC SAFETY

### Division 45 – Missouri Gaming Commission

#### Chapter 4 – Licensee's Responsibilities

### 11 CSR 45-4.260 Occupational Licenses

*PURPOSE: This rule establishes occupational licenses.*

(1) Every individual in a position classified as Occupational License Level One (I) or Occupational License Level Two (II) or otherwise participating in gaming operations in any capacity is required to have an occupational license from the commission authorizing him/her to be employed on the licensed premises to practice his/her business profession or skills, except for public officers and public employees engaged in the performance of their official duties and other individuals exempted by the commission. The commission may authorize the director to license or make the initial determination of unsuitability on the application of any Level II occupation license applicant; provided, however, that this section shall not limit any other authorization of the director. The authorization provided hereunder shall not include the authority to review findings of a hearing officer under the provisions of 11 CSR 45-13.

(2) As a condition of licensure, all applicants for occupational licenses are required to be fingerprinted, photographed and execute such waivers as may be provided by forms approved by the commission (see 11CSR 45-4.030, Appendix A).

(3) On forms provided by the commission, the applicant must demonstrate that his/her experience, reputation, competence and financial responsibility are consistent with the best interest of gaming and the provisions of the statutes of Missouri and the United States.

(4) The commission may refuse an occupational license to any individual or revoke an occupational license of any individual -

(A) Who has been convicted of a crime or has been found guilty of, plead guilty to or plead *nolo contendere* to a crime including such findings or pleas in a suspended imposition of sentence;

(B) Who is unqualified to perform the duties required of the applicant;

(C) Who has a current addiction to a controlled substance;

(D) Who fails to disclose or states falsely information called for in the application process or uses fraud, deception, misrepresentation, or bribery in securing a permit or license issued under the Riverboat Gambling Act;

(E) Who has failed to comply with or make provision for complying with Chapter 313, RSMo, the rules of this commission, or any federal, state, or local law or regulation;

(F) Who fails to comply with any rule, order or ruling of the commission or its agents;

(G) Whose license has been suspended, revoked or denied in any jurisdiction;

(H) Who is a past or present member or participant in organized crime as such membership or participation may be found or determined by the commission;

(I) Who is an illegal alien;

(J) Who is an employee of the commission or is a spouse, child, brother, sister, parent, son-in-law, stepchild or stepparent of any employee or member of the commission.

(K) Who is currently serving or has within the past two (2) years served as a member or employee of the commission, a member of the general assembly, or as an elected or appointed official of the state or of any city or county within the state in which the licensing of excursion gambling boats has been approved in either the city or the county or both or as an employee of the state highway patrol designated by the superintendent of the highway patrol or any employee of the state attorney general's office designated by the state attorney general to have direct regulatory authority related to excursion gambling boats;

(L) Who is financially irresponsible;

(M) Who is not of good moral character or has associated with, in either social or business affairs, or employed persons of notorious or unsavory reputation or who have police records, or who have failed to cooperate with any officially constituted investigatory or administrative body and would adversely affect public confidence and trust in gambling;

(N) For any just cause;

(O) Who commits an act or omission that, if committed by a Class A licensee, would be grounds for discipline or denial of an application;

(P) Who obtains or attempts to obtain any fee, charge, or other compensation by fraud, deception, or misrepresentation; or

(Q) For incompetence, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties regulated by sections 313.800 to 313.850, RSMo.

(5) The applicant shall be responsible to keep its pending application current at all times. The applicant shall notify the commission in writing within ten (10) days of any changes to any response in the application and this obligation shall continue throughout any period of licensure granted by the commission.

*AUTHORITY: sections 313.004 and 313.805, RSMo 1994.\* Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Emergency amendment filed Dec. 20, 1994, effective Dec. 30, 1994, expired April 27, 1995. Amended: Filed March 2, 1995, effective Aug. 30, 1995. Amended: Filed Dec. 7, 1995, effective June 30, 1996. Amended: Filed Aug. 30, 1996, effective April 30, 1997. Amended: Filed Jan. 21, 1997, effective Aug. 30, 1997. Amended: Filed July 2, 1997, effective Feb. 28, 1998. Amended: Filed May 13, 1998, effective Oct. 30, 1998*

*\*Original authority: 313.004, RSMo 1993, amended 1994 and 313.805, RSMo 1991, amended 1993, 1994.*

### 11 CSR 45-10.030 Licensee's Duty to Report and Prevent Misconduct

*PURPOSE: This rule establishes a licensee's duty to report and prevent misconduct.*

(1) Licensees shall promptly report to the commission any facts which the licensee has reasonable grounds to believe indicate a violation of law (other than minor traffic violations), minimum internal control standard requirements or commission rule committed by licensees, their employees or others, including, without limitation, the performance of licensed activities different from those permitted under their license.

Initials \_\_\_\_\_ Date \_\_\_\_\_

(2) At no time, under any circumstances, shall any licensee or employees of the licensee fail to immediately prevent or suppress any violent quarrel, disorder, brawl, fight, or other improper or unlawful conduct of any person upon the licensed premises, nor shall any licensee or employees of the licensees allow any indecent, profane or obscene activity upon the licensed premises.

(3) In the event that a licensee or employees of the licensee knows or should have known that an illegal or violent act has been committed on or about the licensed premises, they shall immediately report the occurrence to law enforcement authorities and shall cooperate with law enforcement authorities and agents of the commission during the course of any investigation into an occurrence.

*AUTHORITY: sections 313.004, 313.800, 313.805, 313.807, and 313.812, RSMo Supp. 1993\* Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994.*

*\*Original authority: 313.004, RSMo 1993; 313.800, 313.805, 313.807 and 313.812, RSMo 1991, amended 1993.*

I have read and understand the information requirements explained in CSR 45-4.260 and CSR 45-10.030 shown on this page.

Any changes will be disclosed directly to the Missouri Gaming Commission Office on \_\_\_\_\_ Casino. Disclosure to \_\_\_\_\_ Casino personnel is not sufficient to satisfy these regulatory requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

## INDIVIDUAL'S REQUEST TO RELEASE INFORMATION

To: \_\_\_\_\_

From: \_\_\_\_\_  
*(Applicant's Name)*

1. I hereby authorize and request all persons or entities to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed officer of the Missouri Highway Patrol, financial investigator or licensing technician with the Missouri Gaming Commission, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.

2. I hereby authorize and request all persons or entities to whom this request is presented having documents relating to or concerning me to permit a duly appointed officer of the Missouri Highway Patrol, financial investigator or licensing technician with the Missouri Gaming Commission to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.

3. If the person or entity to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I hereby authorize and request that a duly appointed officer of the Missouri Highway Patrol, financial investigator or licensing technician with the Missouri Gaming Commission shall be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes cosigned by me, checking account records, savings deposit records, safe deposit box records, passbook records and general ledger folio sheets.

4. I hereby authorize disclosure of all financial records pertaining to my relationship with any financial institution pursuant to the Missouri Right to Financial Privacy Act, sections 408.675 to 408.700, RSMo, for twenty-four (24) months from the date of execution or at the termination of all licenses issued to me by the Missouri Gaming Commission, whichever occurs later. I understand that I may revoke this authorization at any time before the financial records are disclosed. I authorize disclosure of the financial records identified above to the Missouri Highway Patrol and/or Missouri Gaming Commission for the purpose of evaluating my application for a gaming license, and acknowledge that said agencies have complied with and afforded all applicable rights under Sections 408.675 to 408.700, RSMo

5. I do hereby make, constitute and appoint any duly appointed officer of the Missouri Highway Patrol, financial investigator or licensing technician with the Missouri Gaming Commission my true and lawful attorney-in-fact, for me in my name, place, stead, and on my behalf and for my use and benefit:

- (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person or entity to whom this request is presented as I might;
- (b) To name the person or entity to whom this request is presented and insert that person's or entity's name in the appropriate location on this request; and
- (c) To place the name of the Missouri Highway Patrol officer, Missouri Gaming Commission financial investigator or licensing technician presenting this request in the appropriate location on this request.

6. I grant to said attorney-in-fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney-in-fact, or his/her substitute(s) shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

7. This power of attorney ends twenty-four (24) months from the date of execution or at the termination of all licenses issued to the applicant/me by the Missouri Gaming Commission, whichever occurs later.

8. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release remise, and forever discharge the person or entity to whom this request is presented, and his/her/its agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person or entity to whom this request is presented or his/her/its agents or employees arising out of or by reason of complying with this request.

Initials \_\_\_\_\_ Date \_\_\_\_\_

9. I agree to indemnify and hold harmless the person or entity to whom this request is presented and his/her/its agents and employees from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

10. A reproduction of this request by photocopy shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this request at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)

State of \_\_\_\_\_)

) ss.

County of \_\_\_\_\_)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Signature of Highway Patrol officer/Missouri Gaming  
Commission financial investigator/licensing technician  
presenting this request)

Initials\_\_\_\_\_ Date\_\_\_\_\_



**Tax Information Authorization**

Received by:

Name \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Function \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**► IF THIS AUTHORIZATION IS NOT SIGNED AND DATED, IT WILL BE RETURNED.****1 Taxpayer information.**

Taxpayer name(s) and address (please type or print)

Social security number(s)

Employer identification number

Daytime telephone number

Plan number (if applicable)

Date of Birth

**2 Appointee.**

Name and address (please type or print)

Missouri Gaming Commission

(Casino Address)

CAF No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. (\_\_\_\_\_) \_\_\_\_\_

Check if new: Address ☐Telephone No. ☐**3 Tax matters.** The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line.

(a) Type of Tax (Income, Employment, Excise, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters (see instr.)
Individual Income	1040	1998, 1999, 2000, 2001, 2002	

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. (See the instructions on page 2.) ☐  
If you checked this box, skip lines 5 and 6.**5 Disclosure of tax information** (you must check the box on line 5a or b unless the box on line 4 is checked):**a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ☐**b** If you do not want any copies of notices or communications sent to your appointee, check this box ☐**6 Retention/revocation of tax information authorizations.** This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed above on line 3 unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you MUST attach a copy of any authorizations you want to remain in effect AND check this box ☐  
To revoke this tax information authorization, see the instructions on page 2.**7 Signature of taxpayer(s).** If a tax matter applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods covered.

Signature

Date

Signature

Date

Print Name

Title (if applicable)

Print Name

Title (if applicable)

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of form.** Form 8821 authorizes any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive your confidential information in any office of the IRS for the type of tax and the years or periods you list on this form. You may file your own tax information authorization without using Form 8821, but it must include all the information that is requested on the form.Form 8821 does not authorize your appointee to advocate your position with respect to the Federal tax laws; to execute waivers, consents, or closing agreements; or to otherwise represent you before the IRS. If you want to authorize an individual to represent you, use **Form 2848**, Power of Attorney and Declaration of Representative.Use **Form 56**, Notice Concerning Fiduciary Relationship, to notify the IRS of the existence of a fiduciary relationship. A fiduciary (trustee, executor, administrator, receiver, or guardian) stands in the position of a taxpayer and acts as the taxpayer. Therefore, a fiduciary does not act as an appointee and should not file Form 8821. If a fiduciary wishes to authorize an appointee to inspect and/or receive confidential tax information on behalf of the fiduciary, Form 8821 must be filed and signed by the fiduciary acting in the position of the taxpayer.**Taxpayer identification numbers (TINs).** TINs are used to identify taxpayer information with corresponding tax returns. It is important that you furnish correct names, social security numbers (SSNs), individual taxpayer identification numbers (ITINs), or employer identification numbers (EINs) so that the IRS can respond to your request.



**MISSOURI DEPARTMENT OF REVENUE  
AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, born at  
(city)\_\_\_\_\_, (county)\_\_\_\_\_,  
(state)\_\_\_\_\_, on (date)\_\_\_\_\_, and now residing at  
(street)\_\_\_\_\_, (city, state & zip)\_\_\_\_\_, hereby  
consent to the release of information to the Missouri Gaming Commission as follows:

I authorize and request that every person, firm, company, corporation, government agent, law enforcement agency, court, association, or institution having control of any document, records or other information pertaining to me, furnish to the Missouri Gaming Commission any such information, including a credit report or documents, records, and files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data, and to permit the Missouri Gaming Commission or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize and request the Missouri Department of Revenue to release confidential tax records for all tax period(s) to the Missouri Gaming Commission. This tax information may include, but is not limited to, individual income tax, sales tax, use tax, withholding tax, or any other tax that is administered or collected by the Department of Revenue. The Director of Revenue and Department personnel are hereby released from any and all liability pursuant to authorized disclosures of confidential tax information resulting from release of information covered by Section 32.057 RSMo, under this document.

I, along with my spouse (name)\_\_\_\_\_, hereby  
release, discharge, and exonerate the Missouri Gaming Commission, the Missouri State Highway Patrol, the Missouri Department of Revenue, the State of Missouri, its agents and representatives, and any person so  
furnishing information from any and all liability of every nature and kind arising out of the furnishing or  
inspection of such documents, records, and other information or any investigation or report made by the above  
persons or entities.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Spouse's Social Security Number

Initials\_\_\_\_\_ Date\_\_\_\_\_